

DEPARTMENT OF BENEFIT PAYMENTS



May 13, 1974

ALL-COUNTY LETTER NO. 74-83

• TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: REVISED FORM GR 237

REFERENCE:

As noted in our All County Letter of December 10, 1973, the final report month for the Adult Caseload Movement and Expenditures Report, Form ABD 237, was March 1974, except for Item 15, APSB.

We will continue to need monthly data on APSB persons receiving cash grants and total net APSB expenditures. To avoid use of a separate form for just these two data items, we are revising the Form GR 237 by adding the APSB items, as Part B, changing the report's title accordingly, and deleting the current Part B, "Optional Detail on Total GHR Cases, by Employability Status." (See copy attached.)

Until a supply of this revised form can be printed and distributed, please continue to send in Form ABD 237 monthly, with entries in Item 15 only. Questions should be directed to Program Information Bureau at (916) 322-2230 or (ATSS) 492-2230.

Sincerely yours,


DENNIS O. FLATT
Deputy Director
Welfare Program Operations

cc: CWDA

Attachment

OBSCURED

Superseded by

ACL #77-15

3-17-77

SEND ONE COPY TO:

State Department of Benefit Payments
 Program Information Bureau
 744 P Street, Mail Station 12-81
 Sacramento, California 95814

CASELOAD AND EXPENDITURES REPORT

**General Relief and Aid to Potentially
 Self-Supporting Blind**

COUNTY _____

FOR MONTH ENDING (MONTH, DAY, YEAR) _____

PART A. GR RECIPIENTS AND EXPENDITURES

	CASES (A)	PERSONS (B)	AMOUNT (C) ^{1/}
1. Total General Home Relief (1) + (2); also a + b.			\$ _____
(1) Amount in Cash.	XXX	XXX	_____
(2) Amount in Kind.	XXX	XXX	_____
a. Family Cases			_____
b. One-person Cases.			_____
2. Supplemental aid for specified programs (sum of a + b + c).			\$ _____
a. Aged Recipients			_____
b. Blind Recipients			_____
c. Disabled Recipients			_____
3. Miscellaneous GR.			\$ _____
4. Total GR expenditures (sum of 1 + 2 + 3)			\$ _____

PART B. APSB RECIPIENTS AND EXPENDITURES

5. Persons receiving cash grant.	_____
6. Total net expenditures.	\$ _____

REPORT PREPARED BY _____

TELEPHONE _____

DATE _____

^{1/} Amount: Report amounts to nearest whole dollar.

REF. R&S MANUAL S-214